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SECRETARY OF STATE
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Bruhill Cor (PROPOSED CORPORA)	poration		
	(PROPOSED CORPORA?	ΓΕ NAME – <u>MUST INCL</u>	<u>.ude suffix</u>)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
	Filing Fee	Filing Fee	Filing Fee,	
I ming I CC	& Certificate of Status	& Certified Copy		
	& Coldinate of Status	a connea copy	& Certificate of	
			Status	
		ADDITIONAL CO		
		·	- · · · · · · · · · · · · · · · · · · ·	
FROM:	John M. Hill			
FROM: John M. 14:11 Name (Printed or typed)				
862 Peachurus Or. Address				
Address				
Delano FL 32720 City, State & Zip				
City, State & Zip				
(386) 743-7080 . Daytime Telephone number				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FD
ARTICLE I NAME	FILED
The name of the corporation shall be:	06 NOV 15 PM 1:42
Bruhill corporation	TTATE OF VOLUME
ARTICLE II PRINCIPAL OFFICE	SECRETART OF STANDA TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	
535 LAKE Winnemissett Dr.	
Delano Florida 32724	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To establish a find service business.	
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Dr. Bruce Rankin O.O. 535 Lake Winnenissett (•
Dr. John Hill MID 7 CAMELIA Dr. DeBan	1, FC 32713
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is:
Brue Rankin Dio.	
535 LAVE Winner; De H Dr. Deland, FL 32724	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
John Hill MO 7 Camelia Dr. DeBerg, FC 32713	
7 CAMELIA Or.	
Having been named as registered agent to accept service of process for the above state	KARRARARARARARARARARARARARARARARARARARA
verificate, I am junifum with and accept the appointment as registered agent and agree	to act in this capacity

Date

Signature/Registered Agent

Signature/Incorporator